



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural Commodities Division, P.O. Box 3098, Baton Rouge, LA 70821-3098, (225) 922-1341, FAX (225) 923-4877

## SELF-INSURANCE FUND APPLICATION

\_\_\_\_\_  
Name of Applicant

Check ALL that apply:

- ☐ Warehouse (see worksheet for premium amount)
- ☐ Grain Dealer (\$500 premium)
- ☐ Cotton Merchant (\$500 premium)

I/We hereby apply for participation in the Agricultural Commodities Commission Self-Insurance Fund Program for licensed grain dealers, warehouses and cotton merchants as administered by the Louisiana Department of Agriculture and Forestry, Louisiana Agricultural Commodities Commission.

The required fee(s) of \$\_\_\_\_\_ is/are enclosed with this application. I/We understand that the payment of said fees does not guarantee admission to said program and that if participation to said program is denied; the fee will be refunded on a pro-rata basis with the commission retaining a proportionate amount for any period which coverage was provided to the applicant.

I/We also understand that the commission may permit a licensee to provide other security in accordance with LA R.S. 3:3410(H), LA R.S. 3:3411(G) or LA R.S. 3:3411.1(C)(1).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE